

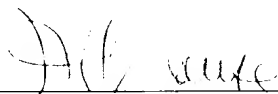
CONCLUSION

It is respectfully requested that the above information be considered by the Examiner and that a copy of the enclosed Form PTO-1449 be returned indicating that such information has been considered.

We also enclose a check for the required fee of \$180.00 to cover the Information Disclosure Statement under 37 C.F.R. 1.97(c)(2).

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants

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